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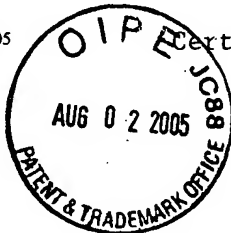
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JOHN S. PRATT, ESQ  
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Angela M. Rossi

(Depositor's name)

*Angela M. Rossi*  
 29 July 2005

(Signature)

(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/614,937	07/08/2003	Michel Bardel	41052/287174	9251

TITLE OF INVENTION: INDIVIDUAL RESPIRATORY GAS SUPPLY DEVICE INCLUDING A RESPIRATORY MASK AND A FACIAL RESPIRATOR

08/03/2005 SSESHE2 00000067 10614937

01 FC:1501  
 02 FC:1504

1400.00 OP

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$300	\$1700	09/23/2005

EXAMINER	ART UNIT	CLASS-SUBCLASS
DOSTER GREENE, DINNATIA JO	3743	128-204260

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

☒ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,

(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 Dean W. Russell

Kilpatrick Stockton LLP

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3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

INTERTECHNIQUE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

PLAISIR, CEDEX, FRANCE

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are enclosed:

☒ Issue Fee☒ Publication Fee (No small entity discount permitted)☒ Advance Order - # of Copies 10

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☐ A check in the amount of the fee(s) is enclosed.☐ Payment by credit card. Form PTO-2038 is attached.

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☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature

Dean W. Russell

Date

29 July 2005

Typed or printed name

Registration No.

33,452

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